



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE DIVISION REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: Investigative Division

RE: Case: 21-51

Complainant(s): Arizona State Veterinary Medical Examining Board

Respondent(s): Shantibhushan Jha, DVM (License: 8015)

SUMMARY:

Complaint Received at Board Office: 10/21/20
Board Discussion: 1/20/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

At the October 21, 2020, Arizona Veterinary Medical Examining Board Meeting, after reviewing case 20-93, In Re: Kira Zerkel, DVM, the Board opened an investigation with respect to hospital policies and procedures at Prescott Area Pet Emergency Hospital that allowed non-veterinary staff to diagnose an animal presented to the premises on emergency as demonstrated on March 30, 2020 with respect to "Kingston," a 3-year-old male Irish Wolfhound owned by Ola Kotke.

Respondent was the responsible veterinarian for the premises at that time.

PROPOSED 'FINDINGS of FACT':**Case 20-93, In Re: Kira Zerkel, DVM:**

1. On March 30, 2020, Complainant stated that the dog began pacing and panting after eating a piece of burrito. Complainant and her husband thought the dog may have an upset stomach; due to no improvement after an hour, they decided to call Dr. Zerkel's premises. Complainant's husband, Del, explained that their Irish Wolfhound ate a piece of burrito and appears to have an upset stomach. Premises staff said that it could be due to the burrito and to call back in an hour if there is no improvement.
2. An hour later, Complainant called the premises back stating the dog was now bleeding from his rectum. Staff replied that she had spoken to Dr. Zerkel after the last conversation and they did not feel comfortable seeing a Wolf breed (staff heard Complainant's husband say the dog was a "Wolf dog"). Complainant stated that they corrected premises staff, stating the dog was an Irish Wolfhound, not a Wolf. Complainant was advised to bring the dog in for evaluation.
3. Del drove to the premises with the dog who was passing blood (without diarrhea) and panting. Upon arrival, Del called the premises, as required due to the COVID pandemic precautions, from the parking lot to let them know he had arrived with the dog. Technical staff member, Tristan Oneil, went out to assess the dog. According to Tristan, he checked the dog's vitals (TPR and gum color) and they were within normal limits (these vitals are not written in the medical record; Dr. Zerkel stated that Tristan advised her that the dog's vitals were WNL). Tristan noted that the dog had a bit of blood mixed with diarrhea on his rear end. He discussed with Del that the dog seemed stable and that it would be an hour or more wait due to other critical patients being seen at that time. Del elected to take the dog home and call if he got worse.
4. However, Complainant stated that Tristan told Del that he could take the dog home to monitor, as he seemed fine. It could be a couple hours until the dog could be seen and fees could exceed \$1,000. Del decided to bring the dog home since a professional assessed the dog and it did not appear to be an emergent situation.
5. Once home the dog continued to have rectal bleeding and his stomach seemed to swell. The dog paced and panted, and would try to get comfortable in areas of the house he would not normally go.
6. At approximately 1:30am, Complainant contacted the premises again to advise the dog was worsening and his pain level was increasing. Premises staff recommended bringing the dog back. Del began driving the dog back to the hospital; he called to let them know he was on his way. Premises staff explained there would be a wait which could be a couple hours due to the critical patients they were tending to. Del returned home with the dog and administered the dog 100mg of tramadol for pain; this did not provide relief to the dog.

7. At approximately 4:00am, Complainant called the premises and was told to bring the dog in for evaluation. Del once again took the dog to Dr. Zerkel's premises. Premises staff went out to the parking lot and met Del and took the dog inside for evaluation. Upon exam, the dog had a weight = 140.43 pounds, a temperature = 99.3 degrees, a heart rate = 200bpm and a respiration rate = panting; pink mucous membranes. Dr. Zerkel noted the dog had mildly tacky mucous membranes and the abdomen palpated soft, possible fluid wave with mild discomfort and moderate borborygmi. The anus was gaping with normal anal tone but was dripping blood.

8. Dr. Zerkel's assessment was severe hemorrhagic diarrhea and tachycardia. She discussed her findings with the pet owner and possible HE, severe gastroenteritis, coagulopathies, etc. The pet owner reported no other issues or possible toxins that he was aware of, and no new foods besides the portion of burrito. Dr. Zerkel recommended blood work, with clotting times, as well as an AFAST and abdominal radiographs. She further recommended fluid therapy and an injection of metronidazole.

9. According to Dr. Zerkel, she expressed concerns multiple times that she concerned with the large amount of frank blood the dog was passing as well as the soft doughy feel to the abdomen. The pet owner stated that there was a veterinarian who opened in a hour and he might want to have the work up on the dog performed there. Dr. Zerkel stated that she did not think the dog should have to wait that long for the treatment she recommended. An estimate was provided to Del; he explained that he would call Complainant to discuss and would let them know what they decided.

10. Del and Complainant discussed the estimate. According to Complainant, she felt the dog really needed an x-ray; Del told her that Dr. Zerkel suggested an IV catheter and fluids for now and then if they waited until 7:00am, Prescott Animal Hospital could perform blood work and radiographs. Complainant stated that they followed Dr. Zerkel's recommendations and would take the dog to Prescott Animal Hospital for diagnostics.

11. According to Dr. Zerkel, Del called her back after speaking with his wife, Complainant, and declined the work up there, and would like to have it done at Prescott Animal Hospital when they opened. However, IV catheter with fluid bolus, a dose of metronidazole and Cerenia was approved.

12. An IV catheter was placed; the dog was given 1 liter bolus Plasmalyte over an hour. He was also administered metronidazole 950mg IV, diluted with Plasmalyte, and given over an hour. Cerenia was not administered as they did not have enough to give the dog due to his size. The dog continued to have bloody diarrhea during the stay, no posturing from the dog, mostly dripping. His back end was cleaned and tail wrapped. Once treatments were finished, the dog's IV catheter was wrapped and he was discharged for transfer to Prescott Animal Hospital per pet owner's request.

13. The dog was presented to Prescott Animal Hospital and evaluated by Dr. Taylor. Upon exam, the dog was sitting sternal and would not rise on his own therefore Dr. Taylor performed the

exam with the dog lying down (T-102.4; P-130bpm; R-pant; MM-pale pink, tacky). She recommended diagnostics, including radiographs, ultrasound and blood work, to start and also recommended starting the dog on IV fluids, Cerenia, etc. An estimate was generated and presented to Complainant's husband; he only approved the radiographs, declining the remaining recommended diagnostics and treatments.

14. After the radiographs were performed, Dr. Taylor discussed the findings with the pet owner. She discussed the severity of the small intestinal distention and her overwhelming concern for the dog based on the images. At that point, the pet owner approved the additional recommended diagnostics and treatments.

15. The dog was hospitalized on IV fluids, blood was collected and an ultrasound was performed. Dr. Taylor discussed the possible differential diagnosis with Del; septic peritonitis due to a perforation (previous GDV vs intestinal/mesenteric volvulus vs other). She was concerned about possible ischemic gastrointestinal tract and the next recommended step would be an emergency laparotomy with possible resection and anastomosis. Dr. Taylor was concerned of the possibility of not being able to resect due to ischemia being too extensive, in addition to the possible anesthetic complications due to the dog's condition.

16. The pet owner asked about euthanasia; Dr. Taylor stated that would be an alternative considering the dog's rapid decline. Complainant and her husband elected to humanely euthanize the dog.

21-51, In Re: Shantibhushan Jha, DVM:

17. At the October 21, 2020, Arizona Veterinary Medical Examining Board Meeting, the Board opened an investigation with respect to hospital policies and procedures at Prescott Area Pet Emergency Hospital that allowed non-veterinary staff to diagnose an animal presented to the premises on emergency as demonstrated on March 30, 2020 with respect to "Kingston," a 3-year-old male Irish Wolfhound owned by Ola Kotke.

18. Respondent was the responsible veterinarian for the premises at that time.

19. On October 27, 2020, a Letter of Inquiry was sent to Respondent notifying him of the open investigation and requesting a response.

20. On December 1, 2020, Respondent responded to the open investigation. Respondent stated that he reviewed the dog's medical records and statements of veterinary personnel involved in the care of the dog. He stated that the pet owners were well informed of the well informed that they should bring the dog to the premises for an emergency visit. The pet owners were also made aware of the COVID-19 protocol. Upon arrival, the pet owner was told of the wait time and that the dog would be seen by the attending veterinarian on-premises within a couple of hours, as the dog seemed stable. The pet owner elected to leave the parking lot and return if needed.

21. It does not appear Respondent addressed the Board's concerns regarding non-veterinary staff diagnosing animals presented to the premises on emergency.

22. Respondent further stated in his narrative, that when the dog was again presented to the premises, the dog was attended by the staff properly – triaged, IV catheter placed and administered IV fluids, as well as given an injection of metronidazole. Diagnostics were declined by the pet owners and advised that they would bring the dog to another premises for diagnostics and treatments.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

Date 11/30/2020

The Investigative committee:

Ref number: 21-51

Please see the following statement summary which was crafted after reviewing the medical record and statements of the veterinary personals involved in the care of Kingston an Irish Wolfhound owned by Ola Kotke. I was not present on the premise during his care.

On the very first call from the owners, the husband of Ms. Ola Kotke was well informed that he should bring Kingston to the hospital for an ER visit. He was also made aware of the COVID-19 protocol. Upon the arrival of Kingston, he was told about the wait time and that their beloved dog Kingston would be seen by the attending doctor on-premise within a couple of hours, as he seemed stable. He elected to leave the parking lot and return if needed. About two hours later Kingston was brought back and was attended by the staff properly i.e, triaged, IV catheter placed, and given IV fluids and an injection of Metronidazole. The owner was given an estimate to do proper and complete ER diagnostics which was declined after a discussion between the male owner and the wife over a phone (as stated in the record). Kingston's treatment was limited to only IV fluids and an injection of Metronidazole.

A recommendation for, radiological analysis of the abdomen, aFAST ultrasound, and blood work including clotting panel analysis was declined by the owner. The owner mentioned that he would be taking Kingston for further diagnostics and treatment to Prescott Animal Hospital. Proper transfer paperwork was done and the patient was released for the owner to brought him to his veterinarian of choice at Prescott Animal Hospital. I wish the owners of Kingston would have given permission to do the diagnostics to properly diagnose the ailment and treat it appropriately, which may have changed the outcome.

The hospital staff attending Kingston made sure that he was treated (limited by the owners) and offered further diagnostics within the given timeframe. I am very sorry to learn that he was humanely euthanized at Prescott Animal Hospital later that day.



Shantibhushan Jha, DVM

Dip ACVS-SA

DOUGLAS A. DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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April 2, 2021

Shantibhushan Jha, DVM
ADDRESS ON FILE

LETTER OF CONCERN – 21-51 - In Re: Shantibhushan Jha, DVM

Dear Dr. Jha:

At its meeting on March 17, 2021, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case opened by the Board regarding a complaint that was originally filed by Ms. Ola Kotke.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need to ensure there is a proper triage process in place at a veterinary facility, as well as ensuring proper communication is occurring between the technical staff, veterinarians, and the pet owner regarding the current status of the pet's condition.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,
FOR THE BOARD

A handwritten signature in black ink, appearing to read "Victoria Whitmore".

Victoria Whitmore
Executive Director